

INTERDEPARTMENTAL CHARGE/CREDIT FORM



1) Preparer's Name Jim Anderson Phone 934-6942
 Department Business Office Date Prepared 4/18/2011

2) Authorization Signature **(Dept To Be Charged)** _____ Phone _____
 Campus/Department _____

3) Business Officer Signature _____ Date _____

IDC

ITEMS

REFERENCE NO	DESCRIPTION	OBJECT CODE	AMOUNT
	Sample - Description goes here.		\$1.00
			\$0.00
TOTAL			\$1.00

DEPARTMENT TO BE CHARGED

BUDGET TITLE	TRNS CODE	RVRS	APPR IND	PROG IND	ORG IND	SUB OBJ	SRV REV	SSRC	DUE TO FROM	CHARGE AMOUNT
Budget Name Here			XXX	XXX	XXXX					\$1.00
TOTAL CHARGES										\$1.00

DEPARTMENT TO RECEIVE CREDIT

BUDGET TITLE	TRNS CODE	RVRS	APPR IND	PROG IND	ORG IND	SUB OBJ	SRV REV	SSRC	DUE TO FROM	CREDIT AMOUNT
Budget Name Here			XXX	XXX	XXXX					\$1.00
TOTAL CREDITS										\$1.00